



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.

City of Hospital: Angola

Year Begin: 10/01/2011 (mm/dd/yyyy format)

Year End: 09/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-1315

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12255920	Contractual Allowance	\$344056000
Outpatient Patient Service Revenue	\$68309195	Other Deductions	\$1048149
Total Gross Patient Service Revenue	\$80565115	Total Deductions	\$345104149

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$45111366
Other Operating Revenue	\$2967321
Total Operating Revenue	\$48078687

4. Operating Expenses

Salaries and Wages	\$14805748	Employee Benefits	\$6155390
Depreciation and Amortization	\$2904774	Interest Expense	\$399374
Bad Debt	\$4357268	Other Expenses	\$18067244
Total Operating Expenses	\$46689798		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1388889	Total Assets	\$49791849
Net Non-operating Gains over Loss	\$2232360	Total Liabilities	\$49791849
Total Net Gains	\$3621249		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$22691219	\$11775885	\$10915334
Medicaid	\$8513540	\$6245356	\$2268184
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$49360356	\$17432508	\$31927848
Total	\$80565115	\$35453749	\$45111366

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$275827	\$0	\$275827

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$78396	\$86493	\$-8097

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	2521

Statement Six: Charity Statement

Hospital Charity Charges	\$1048149
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$546085	
HCI Payments	\$0		
Subtotal	\$0	\$546085	\$-546085
Medicaid Shortfalls	\$1719034	\$4340203	
Subtotal	\$1719034	\$4886288	\$-3167254
DSH Payments	\$0		
Subtotal	\$1719034	\$4886288	\$-3167254
Medicare Shortfalls	\$6929296	\$11567983	
Other Government Programs	\$0	\$0	
Total	\$8648330	\$16454271	\$-7805941

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$78396	\$86493	\$-8097
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$139946	\$-139946
Other Allocations	\$0	\$0	\$0